CANDIDATE'S SPECIAL REPORT

(to be filed by a candidate or his principal campaign committee)

This form is filed during the 20 day period immediately preceding an election to report. (1) all receipts from a single source in excess of \$500 by major office candidates, or in excess of \$250 by district or any other office candidates, and/or (2) any payments exceeding \$200 to any person who endorses candidates and who is required to file campaign finance disclosure reports.

All candidates who have had any such transactions within the 20 days immediately proceding an election are required to report any such transaction on this form within 48 hours of the time the transaction occurred.

Hand deliver or mail to: CAMPAIGN FINANCE, 8401 United Plaza Blvd., Sulta 200, Baton Rouge, LA 70809-7017

1.Qualifying Name and Address of Candidate Office Sought (include title of office as well as pariety, oily, lown and/or election district.) SHEMAN N. COPELIN JR. STATE REPRESENTATIVE 5890 EASTOVER DR. 100 th REPRESENTATIVE NEW ORLEANS, LA. 70128

DISTRICT PARISH OF DRLEAMS NEW ORLEANS, LOUISIANA SPFICE USE ONLY

Name and address of principal campaign committee (Applicable only if candidate has a principal campaign committee) COPELIN 2000 COMMITTEE

1805 ESPLANADE AVE.

5. s. Name of Person Preparing Report

Primary

NEW ORLEANS, LA. 70116

General

4. Date of Election FEBRUARY 17, 2001

(Check one)

LOROY A. HARTLEY, ATTORNEY

1805 ESPLANADE AVE.

NEW ORLKANS, I.A. 70116 b. Daylime Telephone (504) 945-4003

6. WE HEREBY CERTIFY that the improposion contained in this report and the attached achievates is line and correct to the best of our knowledge, information and belief, and that no election day expenditures have been made that have not been reported horsin, and that no information required to be reported by the Louisiana Campaign

Titre of Candidate Chairperson (To be signed by Chairperson only if eport by principal campaign committee) LEROY A. HARTLEY, ATTORNEY

Signature of Tecasurer GILBERT A. LAINEZ

Daylime Telephone Number

45041 945-4003

(504) 827-3409 Daylime Telephone Number

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SCHEDULE A: CONTRIBUTIONS (Including In-Kind Contributions)

MAJOR OFFICE CANDIDATES: The following information must be reported for all contributions and in-kind contributions exceeding \$500 received during the last 20 days before the primary election, as well as those received in the last 20 days before the general election if the candidate participates in the general election.

DISTRICT OFFICE CANDIDATES AND ANY OTHER OFFICE CANDIDATES: The following information must be reported for all contributions and in-kind contributions exceeding \$250 received during the last 20 days before the primary election, as well as

& description if in-kind)	ed during the last 20 days before the prim (the candidate participates in the general 2. Contributions this Reporting Period a. Date(s) b. Amount(s)		5. Valuation If in-Kind
Urband Systems associated P.O. Bex 2250 Men Orleans, LA 20176- 2250	2/12/01	\$ 2, 500.00	
			in the second se
		_	

SCHEDUL	E B: LOANS RECEIVED
MAJOR OFFICE CANDIDATES: The following informatiast 20 days before the primary election, as well as those participates in the general election. DISTRICT OFFICE CANDIDATES AND ANY OTHER	alion must be reported for all loans of more than \$500 received during the se received in the last 20 days before the general election if the candidate R OFFICE CANDIDATES: The following information must be reported for
1. Name and address of lender Shermon N. Corpelin A. 5890 Eastoned Dr. 70128	2. a. Date 1 - 200/ b. Interest rate 0 - %(a.p.r.) c. Amount borrowed 5 /0,000.00
3. Endousers/Guerantors (Enter the full name and address of loan or line of oredit. Additionally, state the amount of liabiliborrowed.)	of each person or entity that has endorsed, guaranteed or otherwise secured the lity for any endorser or guaranter whose liability is less than the entire amount
1. Name and address of lender	2, 8. Date b. Interest rate%(a.p.r.) c. Amount borrowed
 Endorsers/Guarantors (Enter the full name and address of line of cradit. Additionally, state the amount of liability borrowed.) 	of each person or entity that has endorsed, guaranteed or otherwise secured the ity for any endorser or guaranter whose liability is less than the entire amount
Name and address of lender	2, a. Date
3. Endorsers/Guarantors (Enter the full name and address of loan or line of oredit. Additionally, state the amount of liability borrowed.)	f each person or entity that has endorsed, guaranteed or otherwise secured the ty for any endorser or guaranter whose liability is less than the entire amount

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